

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11481

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **483**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis City</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Koch, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>196 days</b>		d. STREET ADDRESS (If rural, give location) <b>3003a Lemp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>John</b>		c. (Last) <b>Ewersmann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 22 - 50</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>1-26-96</b>	
9. AGE (In years last birthday) <b>54 yrs</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fireman for Railroad</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TERMINAL R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Waterloo, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Henry Ewersmann</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Rickerman</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Ewersmann</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>702-12-6689</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Records of Robert Koch Hospital, Koch, Mo.</b>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 year (?)</b>	
ANTECEDENT CAUSES		DUE TO (b) _____		DUE TO (c) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death. <b>Tuberculosis tracheitis</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-9-1949**, to **2-22-1950**, that I last saw the deceased alive on **2-22-1950**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Axel R. Brown, M.D.</b> (Degree or title)		23b. ADDRESS <b>Robert Koch Hospital</b>		23c. DATE SIGNED <b>2/22/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB 25 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	
24d. LOCATION (City, town, or county) <b>ST. LOUIS</b>		24e. (State) <b>MO</b>		DATE REC'D BY LOCAL REG. <b>FEB 24 1950</b>	
REGISTRAR'S SIGNATURE <b>Herbert R. Donkey, M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>		ADDRESS <b>2906 Grand</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 1 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed James C. Dill .....

Licensed Embalmer No. 4347 .....

P. O. Address 2906 Havana .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.